

Chronic Disease Indicators: Indicator Definition



Invasive melanoma, incidence

Category:	Cancer
Demographic Group:	All resident persons.
Numerator:	Incident cases of cancer with an International Classification of Diseases (ICD)-O-2 or ICD-O-3 (for cases diagnosed after January 1, 2001) code C44 and behavior = 3 (malignant, primary site) and histologic types 8720–8790 among residents during a calendar year.
Denominator:	Midyear resident population for the same calendar year.
Measures of Frequency:	Annual number of incident cases. Annual incidence — crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population based on single years of age from the Census P25-1130 series estimates*) — with 95% confidence interval.
Time Period of Case Definition:	Calendar year.
Background:	During 2001, melanoma caused approximately 7,800 deaths, and 54,200 new cases are diagnosed annually. Approximately 80% of all skin cancer-associated deaths are caused by melanoma. The incidence of melanoma increased in the 1990s, although not as rapidly as in previous years. Melanoma is 15 times more common among whites than among blacks.
Significance :	Sun exposure, especially intense, repeated, blistering sunburns during childhood, increases the risk of melanoma as an adult. Prevention of melanoma should include avoidance of sunburns.
Limitations of Indicator:	Because melanoma has a long latency period, years might pass before changes in behavior or clinical practice patterns affect the incidence of melanoma. If certain interventions (e.g., screening) are effective and widespread, a transient increase in incidence might be observed.
Data Resources:	Cancer incidence data from statewide central cancer registries (numerator) and population estimates from U.S. Bureau of the Census or suitable alternative (denominator). http://statecancerprofiles.cancer.gov/
Limitations of Data Resources:	Melanoma is frequently diagnosed outside of the hospital and therefore might be underreported by a central cancer registry that does not employ special case identification mechanisms, including reporting by dermatologists and other physicians. Data from certain existing statewide cancer registries do not yet meet standards for data completeness and quality. Certain newly established central state registries have not yet begun to produce surveillance data. Therefore, nationwide estimates calculated from aggregated state data might not include data from each state. However, state registry data should accurately represent state cancer incidence in the majority of states, particularly where completeness and quality of registry data are high.
Healthy People 2010 Objectives:	No objective.

SEER - Standard Populations (Millions) for Age-Adjustment <http://seer.cancer.gov/stdpopulations/>